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appropriate. All further indicated unless correct maintenance fee notifica	ed below or directed ot	ng the Patent, advance of herwise in Block 1, by (	orders and notification of (a) specifying a new corr	maintenance fees very sepondence address	vill be i ; and/or	mailed to the current (b) indicating a sepa	correspondence address as rate "FEE ADDRESS" for
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TOWNSEND		Certificate of Mailing or Transmission					
TWO EMBARO EIGHTH FLOO	St: St: ad tra	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.					
SAN FRANCISCO, CA 94111-3834				Kelly Pedersen			(Depositor's name)
,		/Kelly Pe		dersen/		(Signature)	
				December 2	8, 2	007	(Date)
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.		CONFIRMATION NO.
09/915,906	09/915,906 07/25/2001		Byoung Kwon Cha		000939-085400US		7303
TITLE OF INVENTION	I: PROGRAM CIRCUIT	•					
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0		\$1400	12/28/2007
EXAMINER		ART UNIT	CLASS-SUBCLASS	7			
NGUYEN, TAN		2827	365-189070	_			•
CFR 1.363).  Change of corresp Address form PTO/SI	ence address or indication ondence address (or Cha B/122) attached. ication (or "Fee Address of the contraction of the contract	2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.					
3. ASSIGNEE NAME A	ND RESIDENCE DATA	A TO BE PRINTED ON	THE PATENT (print or ty	/pe)			
PLEASE NOTE: Unl recordation as set fort	less an assignee is ident h in 37 CFR 3.11. Comp	ified below, no assignee pletion of this form is NO	data will appear on the part of the part o	patent. If an assign	ee is ide	entified below, the do	cument has been filed for
(A) NAME OF ASSIG	GNEE		(B) RESIDENCE: (CIT	Y and STATE OR C	COUNT	RY)	
Hynix Se	miconductor I	nc.	Ichon-shi,	Republic o	f Koı	cea	
Please check the appropr	iate assignee category or	categories (will not be p	rinted on the patent):	Individual 🚨 Co	rporatio	on or other private gro	up entity Government
a. The following fee(s):  Issue Fee Publication Fee (N Advance Order - #	lo small entity discount p	<ul> <li>4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)</li> <li>☐ A check is enclosed.</li> <li>☐ Payment by credit card. Form PTO-2038 is attached.</li> <li>☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 201430 (enclose an extra copy of this form).</li> </ul>					
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	s SMALL ENTITY state		b. Applicant is no lo				
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Typed or printed name Steve Y. Cho

Date December 28, 2007

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